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1967



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COUNTY BOROUGH OF GATESHEAD

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ANNUAL REPORT

OF THE

Principal

School Medical Officer

FOR YEAR 1967

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ALFRED YARROW, M.B., Ch.B., D.P.H.

MEDICAL OFFICER OF HEALTH AND  
PRINCIPAL SCHOOL MEDICAL OFFICER



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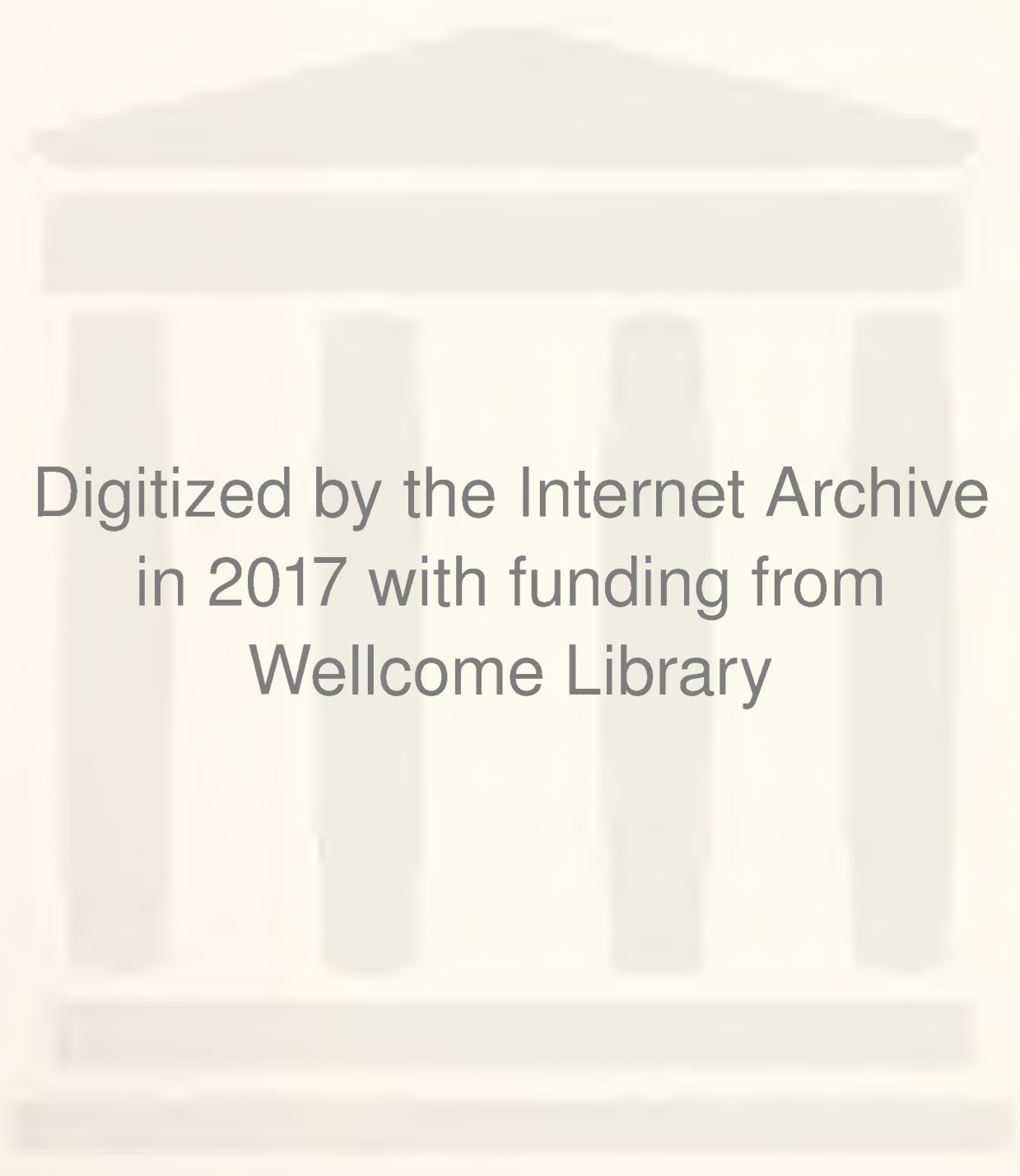
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## STAFF OF SCHOOL MEDICAL SERVICE

*Medical Officer of Health and Principal School Medical Officer* — ALFRED YARROW, M.B., CH.B., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer* — WINIFRIDE KELL, M.B., CH.B., D.P.H.

*School Medical Officers (and Assistant M.O's.H.)* — PHILIP C. BARRY, L.R.C.P.I., D.P.H., (Resigned 28.2.67), MURIEL M. EUSTACE, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., (Part-time), HELENA CARMICHAEL M. LAUCKNER, M.B., CH.B., D.P.H., (Part-time), JOAN M. JOHNSTON, M.B., B.S., (Part-time), CHARLOTTE N. LONG, M.B., CH.B., D.P.H., (Part-time — resigned 26.7.67).

*Ophthalmic Surgeon (part-time)* — J. S. ARKLE, F.R.C.S.\* (until July).

*Ophthalmic Medical Practitioners* — V. G. O'LEARY, M.B., B.CH., B.A.O., H. H. AITCHISON, M.R.C.S., L.R.C.P., B.M., B.CH., (from 1.8.67).

*Orthopaedic Surgeon* — A. E. BREMNER, M.B., CH.B., F.R.C.S.†

*Physiotherapists (part-time)* — MRS. J. PICKARD, M.C.S.P., O.N.C., H.T., MRS. R. M. BEALE, M.C.S.P.

*Remedial Gymnast (part-time)* — T. D. MIDGLEY, M.S.R.G.†

*Orthoptist* — MRS. R. POVEY — (resigned 10.8.67).

*Speech Therapist* — MISS J. SUMMERBELL.

*Principal Dental Officer* — MISS TERESA ROSSI, B.D.S.

*Dental Officers* — MRS. A. E. FRANKISH, B.D.S., MRS. H. P. WRIGHT, B.D.S., (Resigned 31.3.67), MRS. A. SLACK, L.D.S., (part-time — commenced 24.7.67).

*Dental Surgery Assistants* — MRS. E. M. GILHOME (nee CESSFORD), MISS S. P. THOMPSON, MRS. E. DAVISON, MISS M. H. DODS (Resigned 8.9.67), MRS. D. SNOWDON (commenced 23.1.67 to 8.10.67), MISS C. DALEY (commenced 25.9.67 to 28.12.67), MISS J. POTTS, (commenced 9.10.67).

*Dental Technicians* — T. W. CURTIS, J. GILHOME.

*Superintendent Health Visitor/School Nurse* — MISS I. BRADLEY, S.R.N., S.C.M., H.V.

*Health Visitors and School Nurses* — M. DAGLISH (Senior H.V.), D. C. JOHNSON (Senior H.V.), M. CRAGGS, J. TURNBULL, A. MULLEN, S. GILLEY, E. BAXTER, M. FAIRS, M. B. MAIN, M. INCE, M. MORRELL, A. U. JENYO, F. McDONALD, M. A. HASWELL (resigned 21.7.67), C. ROSS (to 30.4.67), J. HERDMAN, (part-time), M. EVANS (part-time — commenced 9.1.67), M. C. CLAPPERTON (resigned 31.8.67), E. M. HUDDART (nee FRASER), J. WOOD, E. DUKE, H. J. M. NOON, J. GOLIGHTLY, (commenced 16.9.67), M. BLACKBURN, (commenced 25.1.67).

*Clinic Nurses — (part-time)* — MRS. E. A. RILEY (resigned 18.8.67), MRS. S. V. LEON, MRS. M. JENKINGS (commenced 3.4.67), MRS. M. METCALF (commenced 11.9.67).

*Nursing Assistants* — W. CRAIG, P. M. JACKSON, D. McVEIGH.

*Health Education Officer* — R. R. ROE, S.R.N., M.R.I.P.H.H., M.I.H.E.

*Chief Clerk* — N. CRAIG.

*Clerical Staff* — MRS. E. A. MCFARLANE, MRS. M. GIBSON, MISS J. HULDIE, MISS A. M. TIERNEY, MISS L. HALFPENNY (resigned 13.1.67), MISS E. ROSS (commenced 20.2.67).

\* Provides service under Supplementary Ophthalmic Treatment Regulations.

† Indicates by arrangement with the Newcastle upon Tyne Regional Hospital Board.

# ANNUAL REPORT

OF THE

## PRINCIPAL

### SCHOOL MEDICAL OFFICER

*To the Chairman and Members of the Education Committee*

Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report of the School Health Service for the year 1967, though I would point out that for the whole of the time covered by the report my predecessor, Dr. A. Yarrow, was your Principal School Medical Officer.

Staff shortages have once again affected the work of the school health service. This was felt most acutely in relation to medical staff where shortage of doctors has meant a considerable reduction in the amount of routine work being done. Every effort was made to ensure that work with handicapped children did not suffer, but inevitably the shortage and rapid turnover of staff have affected the continuity of medical supervision at the special schools. Similar, though less severe shortages, have affected the school dental services.

Fortunately, for most of the year, an Educational Psychologist was in post. This resulted in a great improvement in the facilities for educationally retarded and emotionally disturbed children, but until there is a full child guidance service it cannot be claimed that the needs of these children are being adequately met.

Progress has also been made in the provision of services for children with impaired hearing. Earlier diagnosis results from the audiometrist's work of routine hearing tests for school entrants, whilst the part-time peripatetic teacher of the deaf was able to provide important guidance for the more severely handicapped children. This will be further developed when a full-time teacher begins work in 1968. The shortage of consultant ear, nose and throat surgeons in the hospital service means, however, that many children needing further investigation and treatment are faced with long delays.

It is pleasing to record that many schools have responded enthusiastically to the department's efforts in the field of health education. Some excellent work has been done, and the close co-operation between school staff and members of this department augurs well for future developments.

I know Dr. Yarrow would wish to join me in recording thanks to everyone who has contributed to this report, to the staff of this Department, to head teachers for their help, to the Director of Education and his staff for their friendly advice and co-operation and to the Education Committee for their support and encouragement.

I am,

Your obedient Servant,

D. F. HENLEY,

*Principal School Medical Officer*



## 1. STAFF

*Medical Officers.* Once again the staffing situation was extremely difficult. So severe is the shortage of public health medical officers that it was impossible to recruit any full-time staff during the year. Fortunately, the part-time and sessional medical officers are capable and experienced, though of necessity the volume of work done was low compared with previous years.

Dr. Barry resigned on 28th February and Dr. Long resigned from her post on 26th July. Dr. Lauckner, who had been serving in a full-time capacity, reduced her service to part-time, so that at the end of the year the staff consisted of three part-time assistant medical officers, all married women, together with Dr. Neubauer who gives invaluable service to the department on a sessional basis.

*Dental Officers.* Details of the staffing of the Dental Department will be found in the report of the Principal School Dental Officer.

*Health Visitors/School Nurses.* During the year three health visitors resigned from the service and one senior health visitor was promoted within the health department. Two full-time health visitors were appointed during the year and one part-time, so that at the close of the year there were 19 full-time and 2 part-time health visitors/school nurses on the staff.

On the resignation of Miss Heatley, the Tuberculosis Nurse, Mrs. Jenkins was appointed to carry out duties in connection with the B.C.G. programme. Mrs. Riley, Clinic Nurse, resigned during the year and was replaced by Mrs. Metcalf, who commenced on 11th September. The clinic nurses continued to serve in the minor ailments clinic and at the ophthalmic sessions. As in the previous year, the three nursing auxiliaries were employed to cover the simpler school nursing duties of the health visitor, such as head inspection.

*Medical Auxiliaries.* Mrs. Povey resigned from her appointment as Orthoptist during August, and the post was still vacant at the end of the year. Mrs. Pickard was joined by Mrs. R. M. Beale in September, as a second part-time physiotherapist.

Miss Summerbell continued to serve as Speech Therapist.

In October, we secured the services of an Audiometrician, Mrs. Wilkinson, who was responsible for testing the hearing of school children and for the administrative arrangements connected with this service.

## 2. CO-ORDINATION

Within the health department there is an effort to keep a continuous flow of information regarding all children, both healthy and handicapped, who come within the orbit of the health services. In this respect, we are

much indebted to a close link with the hospital consultants, notably the Orthopaedic Specialist, Mr. A. E. Bremner, the Paediatrician, Dr. R. H. Jackson, and the Infectious Diseases Consultant, Dr. A. E. Paxton. Where mentally handicapped children are concerned, we have to acknowledge the very valuable help of the late Dr. Mouat, Superintendent of Prudhoe and Monkton Hospital, Dr. Murray of that hospital, and Dr. Kolvin and his colleagues from the Nuffield Department of Child Psychiatry, Newcastle.

### 3. SCHOOL BUILDINGS

Larkspur Primary and Infant School was completed and opened on 4th September. Harlow Green Primary and Infants School moved into new buildings on 4th September.

### 4. SCHOOL MEDICAL INSPECTION

Despite staffing difficulties a fairly high proportion of school periodic and special medical inspections were undertaken. Some 2,711 children were examined at periodic inspections as compared with 3,930 in 1966.

Details are given in the following table:—

TABLE 1

Entrant Group . . . . .	1,507
Intermediate Group (born 1957) . .	468
Leaver Age Group (born 1953) . .	605
Additional Periodic Examinations (absentees from previous examinations)	131
	<hr/>
	2,711
	<hr/>

In addition 3,302 special inspections were carried out at school or in school clinics.

At periodic inspection 13 children (0.5%), were classified as of unsatisfactory general physical condition, as compared with 64 (1.63 %) in 1966.

### 5. ASCERTAINMENT OF DEFECTS

The table to be found on page 24 gives full details of the findings at periodic medical inspection. Attention will be drawn in the remainder of this report to particular points worth noting.

### 6. INFESTATION WITH VERMIN

Nursing auxiliaries undertook the bulk of the work of inspecting children for head-vermin. Because of the importance of social factors in this problem close liaison is maintained between nursing auxiliaries and school nurses and it is only the latter who can exclude children from school. The total number of individual pupils found to be infested during 1967 was 2,409.



TABLE 2

(a) Total number of individual examinations of pupils in school by school nurses or other authorised persons .. .. .	40,995
(b) Total number of individual pupils found to be infested .. ..	2,409
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	98
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	33

A number of children were cleansed by the nursing auxiliaries where the parents were ignorant or physically or mentally incapable of doing the job properly. The cleanliness of a large number of children was assisted by the issue of cleansing lotion and the loan and sale of nit combs. The cleansing lotion is ordered in bulk, is put up in 2 oz. bottles with special labels and instructions, and sold at a price of 1/- (including 2d. for the bottle, which is returnable). The medicament is also issued free to families where there is known to be financial hardship. In 1967, approximately 864 bottles of parasiticide were so dispensed and of course the lotion is also used in the clinic. 1,440 tubes of anti-parasitic cream were also issued for cleansing purposes during the year at a price of 1/8d. per tube.

### 7(a). IMMUNISATION AND VACCINATION

Table 3 gives details of immunisations carried out in children of school age. It is the policy of the Authority to offer protection against diphtheria, tetanus and poliomyelitis to all school entrants, the school doctor visiting the schools to immunise the children. 'Boosters' were offered in appropriate cases and full courses to children not previously immunised. In this way it will be seen from the table that a considerable number of children who have not been immunised as infants are later picked up.

TABLE 3

		<i>Local Authority Staff</i>	<i>General Practitioners</i>	<i>Total</i>
Smallpox:	Primary vaccinations ..	13	20	33
	Revaccinations .. ..	4	14	18
Diphtheria & Tetanus:	Primary vaccinations ..	188	32	220
	Booster doses .. ..	471	44	515
Poliomyelitis:	Primary vaccinations ..	182	32	214
	Booster doses .. ..	671	129	800

### (b). B.C.G. VACCINATION

B.C.G. vaccination was offered to 12-year old children, and the following tables give the results of B.C.G. vaccination and of chest x-ray in tuberculin positive children.

TABLE 4

**B.C.G. VACCINATION**

No. offered vaccination	..	1,428
No. accepted	.. ..	1,326
No. tested	.. ..	1,180
*No. of positive reactors	..	173
No. given B.C.G.	.. ..	912
No. sent for x-ray	.. ..	67
*106 of these already had B.C.G. vaccination		

The x-ray results were as follows:—

TABLE 5

Small calcified primary complex	4
Calcified left hilum	2
Old pulmonary tuberculosis (N.A.D.)	2
Enlarged heart (N.A.D.)	2
Referred to Paediatrician	2
Already attends chest clinic	1
Nothing abnormal detected	52
Did not attend	2

**8. MINOR AILMENTS CLINIC**

The arrangements for clinic sessions continued as in the previous year. A short morning session was held at Greenesfield Clinic together with brief sessions at Carr Hill, Wrekenton (twice weekly each) and Lobley Hill (once weekly). The clinic nurse's session at Greenesfield continued to be very well attended. The clinic nurse was kept fully occupied with the treatment of children suffering from scabies, skin conditions and head-vermin.

Table 6 gives details of children attending for treatment.

TABLE 6

	<i>No. attending</i>	<i>No. treatments</i>
Ringworm, Scalp	—	—
Ringworm, Body	—	—
Scabies	136	407
Impetigo	41	131
Other skin conditions	308	999
External eye conditions	47	70
Otitis media	8	8
Other ear conditions	80	131
Miscellaneous conditions	452	864
	<u>1,072</u>	<u>2,610</u>

Additionally, the following examinations were undertaken for various purposes at the minor ailments clinic:—

TABLE 7

Under Employment of Children Bye-Laws	.. ..	73
Of Boarded-out children (For Children's Officer)	.. ..	76
Candidates for the teaching profession	.. ..	101



## 9. SPECIALIST SERVICES

### (a) Ophthalmic

Following last year's decision to begin testing the vision of 6-year olds, pupils aged both 8 and 6 years were tested. Those failing vision tests as well as those school and pre-school children suspected of squint were referred to the ophthalmologists, Mr. J. S. Arkle and Mr. V. G. O'Leary, at Greenesfield Clinic until July. In July, Mr. Arkle relinquished his session at the clinic and Mr. H. H. Aitchison took over on 1st August. Mrs. Povey continued to act as part-time orthoptist until July, when she left the department, and the vacancy was not filled during the remainder of the year.

Table 8 gives details of findings at periodic and special inspections:—

TABLE 8

				<i>Requiring treatment</i>	<i>Requiring observation</i>
Periodic inspections: 8 year olds	..	..	..	167	131
6 year olds	..	..	..	111	165
Routine medical inspections	..	..	..	283	29
Special inspections	..	..	..	61	30
No. with strabismus	..	..	..	84	8
Other eye disease	..	..	..	9	14

31 sessions were attended by Mr. Arkle, 46 by Mr. O'Leary and 21 by Mr. Aitchison. 786 children were seen.

Glasses were prescribed for 662 children and 77 were found to be already wearing suitable glasses. The remaining 124 did not require glasses.

Errors of refraction found were:—

TABLE 9

Hypermetropia	..	..	..	..	228
Myopia	..	..	..	..	110
Hypermetropic astigmatism	..	..	..	..	142
Compound myopic astigmatism	..	..	..	..	37
Compound hypermetropic astigmatism	..	..	..	..	218
Mixed astigmatism	..	..	..	..	44
Emmetropia	..	..	..	..	81
Myopic astigmatism	..	..	..	..	26
Strabismus	..	..	..	..	151

### (b) Orthoptic Service

Mrs. Povey, Orthoptist, continued to treat children referred to her by the ophthalmologists until she left the department in July.

### (c) Orthopaedic Service

Twenty-three clinics were held at Greenesfield Health Centre by Mr. A. E. Bremner, F.R.C.S. Seventeen cases attended for the first time and 12 cases were seen for review. The following table gives details of the cases seen:—

TABLE 10

<i>Defects</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>Visits</i>
Torticollis .. .. .	—	1	1
Flat feet .. .. .	4	3	8
Foot defects .. .. .	1	1	2
Old Kohler's Disease .. .. .	1	—	3
Accessory Navicular Bone .. .. .	1	—	2
Gait .. .. .	1	—	2
Intoed gait .. .. .	1	—	1
Exostosis .. .. .	1	—	1
Old poliomyelitis .. .. .	1	—	2
Adduction of feet .. .. .	1	2	3
Knock knees .. .. .	2	4	9
Eversion of subtaloid joint .. .. .	1	1	4
Nothing abnormal detected .. .. .	2	—	2
	<hr/> 17 <hr/>	<hr/> 12 <hr/>	<hr/> 40 <hr/>

Mrs. Pickard continued her services during the year, and in September we obtained the services of Mrs. Beale, who carried out four further sessions each week. Mrs. Pickard reports as follows:—

“At the commencement of 1967, a physiotherapy service was available for Gateshead children two and a half days weekly. This time was divided between the Cedars Special School, the Open Air School and Greenesfield Clinic.

All treatments are carried out by the physiotherapist working under the direction of Hospital Consultants and the School Medical Officers.

Many forms of electrotherapy and actinotherapy are available and all forms of exercise therapy are carried out both in individual treatments and group work.

In September, 1967, we welcomed Mrs. R. Beale to our part-time physiotherapy staff and her presence has enabled us to offer a wider field of treatments during four and a half days weekly”.

The following table gives particulars of the work done:—

TABLE 11  
PHYSIOTHERAPY

	<i>No. of patients</i>	<i>No. of treatments</i>
Alopecia .. .. .	1	2
Eczema .. .. .	1	3
Chilblains .. .. .	5	36
Asthma .. .. .	13	294
Bronchitis .. .. .	24	381
Bronchiectasis .. .. .	6	244
Spina bifida .. .. .	5	210
Cerebral palsy .. .. .	7	160
Talipes Equino varus .. .. .	2	9
Congenital dislocation of hip .. .. .	2	54
Spinal dysrhapism .. .. .	1	15

Anterior poliomyelitis—chronic	..	4	87
Flat feet	.. ..	43	152
Poor posture	.. ..	10	56
Muscular dystrophy	.. ..	1	43
Fractured phalanx	.. ..	1	4
Overlapping toes	.. ..	1	2
Burns	.. ..	1	34
Tuberculosis—lung	.. ..	1	40
Multiple congenital deformities	..	2	11

Mr. T. D. Midgley, Senior Remedial Gymnast, continued to attend for two half-days per week and the table below gives details of his work:—

TABLE 12

				<i>Patients</i>	<i>Treatment</i>
<i>Cerebral Palsy</i>					
Hemiplegia	.. ..			3	66
Old poliomyelitis	.. ..			1	9
<i>Traumatic Injury</i>					
Tendon (L) Knee	.. ..			1	4
<i>Respiratory Disorders</i>					
Asthma	.. ..			1	9
<i>Posture</i>					
Kyphosis	.. ..			1	4
<i>Talipes</i>	.. ..			9	92
<i>Torticollis</i>	.. ..			1	7
<i>Foot Deformities</i>					
Flat feet, valgus ankles, clawing of toes, etc.	.. ..			18	93
Totals	.. ..			35	284

## 10. INFECTIOUS DISEASES

Infectious diseases coming to light among school children by notification or information from school welfare officers are listed as follows:—

TABLE 13

Measles	.. ..	224
Scarlet fever	.. ..	17
Whooping cough	.. ..	45
Pneumonia	.. ..	7
Dysentery	.. ..	3
Scabies	.. ..	129
Infective hepatitis	.. ..	70
Tuberculosis—respiratory	..	3
Other tubercular disease	..	3
Food poisoning	.. ..	1

## 11. HANDICAPPED PUPILS

The following table gives details of handicapped children in Gates-head as known to the school health department as at 31.12.67:—



TABLE 14

Category	No. on Register	No. in ordinary School	No. in Special Schools		No. on Waiting List for Special Schools		Not attending any school
			Day	Residential	Day	Residential	
Blind.. ..	6	—	—	6	—	—	—
Partially sighted .. ..	2	—	2	—	—	—	—
Deaf .. ..	7	—	7	—	—	—	—
†Partially Deaf .. ..	37	31	6†	—	1	—	—
Educationally subnormal	190*	169	—	21	—	3	—
Epileptic .. ..	35	31	4	—	1	—	—
Maladjusted .. ..	7	1	—	6	—	1	—
Physically handicapped ..	68	1	61	6	1	—	—
Delicate .. ..	40	1	39	—	1	—	—

\*96 in special day classes for E.S.N. plus 70 on waiting list.

†2 patients attend special unit at Felling.

1 patient attends special unit at Newcastle.

(a) Blind and Partially Sighted Children

All Gateshead children falling into these categories attend residential schools as follows:—

TABLE 15

Royal Victoria School for the Blind, Newcastle .. .. .	3
St. Vincent's School, Liverpool .. ..	1
Royal Normal College, Shrewsbury .. ..	2
Pendower Hall Open Air School .. ..	2

(b) Deaf and Partially Hearing Children

Educational facilities for Gateshead's deaf children are excellent. Almost all attend the Northern Counties School for the Deaf.

Unfortunately, however, the same cannot be said about our partially hearing children. As far as accommodation in units is concerned we are dependent on the facilities made available to us by our neighbours in Durham who are themselves faced with problems of staffing and accommodation. Heretofore we have felt that the numbers of partially deaf children in Gateshead requiring accommodation in a special unit have not warranted our setting up our own facilities but the problem may need to be looked at again.

The number of children known to the department as wearing hearing aids and attending normal schools rose from 24 to 26.

We are indebted to Mr. Chaytor, Consultant Ear, Nose and Throat Surgeon to the Gateshead group of hospitals for his co-operation with these children. Miss Houlston, formerly a teacher at the Northern Counties School for the Deaf, continued to work for one session a week



as a peripatetic teacher of the deaf for Gateshead school children. An additional session was approved in April. I am indebted to Miss Houlston for the following report:—

#### “PARTIALLY HEARING CHILDREN IN GATESHEAD SCHOOLS

Thirty children with hearing loss were visited in their schools. Twenty-eight were educationally backward and twenty-four had handicaps in addition to imperfect hearing. Three children have difficulty with speech and cannot communicate easily. One twelve-year old is unable to read. Six are behaviour problems and three others are poor attenders.

Teaching staffs have been made aware of the problems likely to arise from imperfect hearing and how best to overcome difficulties. Children have been shown how to care for their hearing aids and make best use of them. All have been frequently checked and kept in working order except four, which were persistently mislaid.

In three cases parents were visited because of unusual difficulties and greater co-operation was achieved.

The help given to partially hearing children has been very inadequate and one feels that all the children included in this survey are working at a level below their potential. Remedial work given frequently and regularly is essential if they are to progress satisfactorily.

One is grateful to Head Teachers who have been helpful in many ways and to class teachers who have so willingly accepted these children.

It is pleasing to know that a qualified Teacher of the Deaf has been appointed on a full-time basis. He will begin work for this authority in May, 1968”.

The lack of an audiology unit on Tyneside similar to those available in Greater London, Manchester, etc., is a tremendous handicap in dealing with the problems of our deaf children.

Routine audiometric testing of school children was introduced in November last year, following the appointment of Mrs. Wilkinson, Audiometrician. I am indebted to her for the following report:—

“All children are tested during their first year in school. If they do not respond on any two frequencies at 20 db they are failed and then retested in school about 4 weeks later. All children who fail this second test are then offered an appointment to attend the clinic for an audiogram. The child is then referred to Dr. Johnston (School Medical Officer), who decides the course of treatment necessary. All such cases are followed up regularly until treatment has been successful. Where the child is assessed as being partially hearing audiograms are repeated every 6 months.

Whilst visiting each school the head teacher is asked to give the names of any children whose hearing she queries and they are tested in the same way as the entrants.

As the scheme became more widely known during the latter months of the year several requests were received from General Practitioners

and Health Visitors for pre-school children and those above the entrant age”.

TABLE 16  
 AUDIOMETRY

<i>School Entrants</i>				
Total number tested	..	..	..	1,831
Failed first test	..	..	..	177
Failed second test	..	..	..	58
First audiograms	..	..	..	52
Second audiograms	..	..	..	26
Referred to:—				
Minor ailments	..	..	..	15
Mr. R. G. Chaytor (Consultant Ear, Nose & Throat Surgeon)	..			34
Other clinics	..	..	..	3
Listed as partial hearing	..	..		3
<i>Other Age Groups</i> (Following requests by Head Teachers, etc.)				
Total number tested	..	..	..	159
Failed first test	..	..	..	66
Failed second test	..	..	..	45
First audiograms	..	..	..	40
Second audiograms	..	..	..	10
Referred to:—				
Minor ailments	..	..	..	25
Mr. Chaytor	..	..	..	11
Other clinics	..	..	..	4
Listed as partial hearing	..	..		9
<i>Known Partial Hearing Cases</i>				
Audiograms	..	..	..	21
<i>Total Numbers on Partial Hearing List</i>				
Boys	..	..	..	18
Girls	..	..	..	13

Ten children were in attendance at special schools and in three cases a special unit for the partially hearing. Details are as follows:—

TABLE 17

Northern Counties, Newcastle	..	..	10
Partial Hearing Unit at Felling	..	..	2
Partial Hearing Unit at Newcastle	..		1

(c) Educationally Subnormal Children

During 1967 the medical officers performed tests of intelligence on 83 children, with the following results and recommendations:—

TABLE 18

Recommended admission to special class	..	34
„ to remain in ordinary school	..	12
„ supervision on leaving school		3
„ no supervision on leaving school		5
„ admission to residential school		4
„ to stay in special class	..	4
„ for adult training centre	..	1



Recommended	for remedial teaching . . . . .	13
„	for transfer from Special Class to Ordinary school . . . . .	4
„	for admission to Junior Training Centre . . . . .	1
Referred to Educational Psychologist	. . . . .	2
		<hr/> 83 <hr/>

Of the 190 educationally subnormal children known to the Gateshead Authority 96 are in special classes (3 junior and 2 senior), 12 attended the Hindley Hall Residential School for Boys in Northumberland, (Gateshead Education Authority), and 9 attend other residential special schools, (8 girls at Jesmond Dene House in Newcastle and 1 boy at Dinsdale Park School).

In March Mr. E. Shearer took up his duties as Educational Psychologist, and I am indebted to him for the following report:—

“Since taking up duties in March, 1967, 269 children have been tested. In all cases, where children were attending school, reports were subsequently sent to Head-teachers, giving the results of tests, and, where appropriate, making recommendations concerning ways of helping the children. In addition, parents were often interviewed to discuss problems presented by some of these children at home, and to give advice where necessary. The lack of Child Guidance facilities in Gateshead was a grave disadvantage since, although urgent cases could be referred to the Nuffield Child Psychiatry Unit in Newcastle, the travelling involved is a serious dis-incentive to parents, and the Unit has a long waiting list. Pending the establishment of a Child Guidance Clinic in Gateshead, very valuable help has been obtained for many children from the Consultant Paediatrician at Gateshead Children’s Hospital.

Difficulties were also encountered in placing children in Special Classes once they had been ascertained as Educationally Sub-Normal. The number of children requiring such placement considerably exceeds the number of places available in Gateshead, and many children thus have to remain in ordinary schools for long periods before a vacancy occurs.

In June, 1967, a survey of reading ability was carried out among all 1st year Junior School children in Gateshead. The results of this survey, and a subsequent meeting with Head-teachers, made it clear that the establishment of a Remedial Teaching Service was an urgent necessity, and a recommendation to this effect was made, and subsequently approved by the Education Committee. Until this service can be set up, a few children were seen for regular remedial teaching, and, during the year, 102 40-minute sessions were devoted to this”.

#### HINDLEY HALL RESIDENTIAL SPECIAL SCHOOL

At the end of the year there were 46 boys in attendance, 12 from Gateshead. In order to ensure continuity of medical supervision, Dr. Eustace made regular visits during term-time.

*“Analysis of Boys Resident at Hindley Hall Boarding Special School on 1st March, 1967 (60 Boys)”*

The youngest boy was 10 years 5 months on 1st March, 1967. The oldest boy was 16 years 4 months on 1st March, 1967.

The youngest boy on admission was 9 years 10 months. The oldest boy on admission was 14 years 9 months.

On 1st March, 1967:—

8 boys were between ages of 10-11 years  
2 boys were between ages of 11-12 years  
11 boys were between ages of 12-13 years  
10 boys were between ages of 13-14 years  
13 boys were between ages of 14-15 years  
15 boys were between ages of 15-16 years  
1 boy was 16 years

21 Boys had appeared before a Juvenile Court.

25 Boys had attended other special schools or special classes.

24 Boys came from homes officially described as satisfactory.

28 Boys came from homes officially described as “Poor”, “Squalid”, “Overcrowded”, or “Substandard”.

11 Boys have parents who are officially described as satisfactory.

36 Boys have parents who are:— separated, divorced, deserted, in mental hospitals, one or both parents dead, father unemployed.

22 Boys upon admission were officially described as having physical defects.

The average Intelligence Quotient was 69.27.

I.Q. Range:—	41-50	2 boys
	51-60	4 boys
	61-70	30 boys
	71-80	18 boys
	81-90	5 boys
	91	1 boy

Catchment areas:—

17 Gateshead	1 Barrow in Furness	1 Darlington
12 Newcastle	1 Warrington	1 Tynemouth
7 Co. Durham	1 Lincoln	1 London
3 Preston	1 Rochdale	1 Warwickshire
2 West Hartlepool	1 Frindsbury	1 Bury
2 South Shields	1 West Riding	1 Kent
1 Northampton	1 Southport	1 Cambridge
1 Burnley	1 North Riding	

13 Boys are in the care of Children’s Departments.

4 Boys are illegitimate.

11 Boys are left handed.

31 Boys bite their nails.

14 Boys are enuretic.



47 Boys are Church of England.  
 1 Boy is a Methodist.  
 11 Boys are Roman Catholic.  
 1 Boy is a Baptist.

**(d) Epileptic Children**

35 children are on the informal register as epileptics. Four of these children attended the Open Air School.

**(e) Maladjusted Children**

In the Annual Report for 1966 appeared the following paragraph; I do not consider that it needs amendment:—

“Despite a lapse of 18 years the child guidance service at Gateshead has not been restored, nor, at the end of 1967, was there any sign of its restoration. Gateshead children in need of psychiatric advice are asked to attend at the Nuffield Child Guidance Clinic in Newcastle, and we are indebted to Dr. Kolvin and his staff for their assistance. Nevertheless, the time and distance factor are strong disincentives to Gateshead parents nor can there be the close links with the schools that are required of a fully functioning Child Guidance Service within the local education authority’s own boundaries and with its own staff of psychologists and social workers”.

It is pleasing to report, however, that the opening of Redworth Hall School for maladjusted boys by Durham County has helped solve our problem of placement. The waiting list has now been reduced from three to one.

**(f) Speech Defective Children**

I am indebted to Miss J. Summerbell, Speech Therapist, for the following report:—

“Most of the speech therapy patients have been seen at Greenesfield Clinic. Some of the children referred to the Children’s Hospital in Dryden Road have found it much easier to get to Greenesfield, and so have been transferred. Because of the number of children needing help most have fortnightly or monthly appointments, although severely handicapped children are seen weekly. I still visit the Cedars Special School and the Children’s Hospital, alternate weeks, for one session.

More and more parents are becoming aware of their children’s speech defects at a much earlier age, although most of the parents of pre-school children are simply given advice and re-assurance”.

TABLE 19  
 SPEECH THERAPY

No. of new patients referred	..	..	79
No. of new patients seen	..	..	82
No. of old patients seen	..	..	216
No. of patients discharged	..	..	36
No. on waiting list at 31st December, 1967			
(a) for interview	..	..	197
(b) for treatment	..	..	267
Total No. of attendances	..	..	<u>766</u>

### (g) Physically Handicapped Children

Our own special schools, the Joicey Road Open Air School, and the "Cedars" Special School for Physically Handicapped Children, have been able to accommodate most of the physically handicapped, but there are also a number of children, mainly spastics, who are educated at the Percy Hedley Special School.

#### "THE CEDARS" SPECIAL SCHOOL

Miss Appleby, Teacher in charge, has submitted the following report, and I am indebted to her for the information:—

"At the end of 1967, there were 46 children on the roll of the school. 16 of this number were resident and 30 travelled daily. In addition to the 25 children from Gateshead who attended, there were pupils from Co. Durham, Middlesbrough, Cumberland and Bradford, Yorks. The handicaps from which the children suffered were as follows:—

Cerebral Palsy, Cerebral Sclerosis, Spina Bifida, Hydrocephalus, Muscular Dystrophy, Werdnig-Hoffman's Disease, Perthe's Disease, Osteogenesis Imperfecta, Diabetes, Bronchiectasis, Congenital Heart Disease, Post Poliomyelitis, Congenital Dislocation of Hips, Talipes, Congenital Deformities and Cystic Hygroma.

Enquiries or applications for admission had been made on behalf of 29 children, but of these only 11 admissions were made. Most of the others were turned down on the grounds of low intelligence, as in previous years. Twelve children left the school during the year. Four of these were able to go to ordinary schools, 3 were admitted to Joicey Road Open Air School, 1 returned to a special school in her own district, 1 went to a Special Class in Gateshead, 1 emigrated to Canada and 2 died.

The Deputy Head Teacher retired and was replaced by a man, and a part-time teacher of French was appointed. Physiotherapy and Speech Therapy Sessions continued, with a welcome increase in the number of sessions worked by the Physiotherapist. The peripatetic teacher of the deaf continued to give advice on the care of a boy with a hearing loss. Several consultants held clinics in the school during the year. The school benefited by the appointment of an Educational Psychologist, and the testing of 25 children has been achieved.

1967 was a good year for school activities. One boy obtained a Grammar School place in the last entrance examination held in the town, senior boys and girls continued with domestic science lessons, and a small brass band started under the direction of the town's Organiser of Music. Swimming instruction continued with the willing help of the staff of the Mulgrave Baths, and Mr. R. A. Cameron, the Baths' Manager, presented prizes and certificates at the school's Swimming Gala. A group of older children began to play target golf under the enthusiastic direction of the physiotherapist, and were televised at this activity. A football "match" was played against the Open Air School. Several children had preliminary interviews with the Youth Employment Officer.



Visits were made to Book Week exhibitions, the Scottish Children's Theatre, the bridges of the Tyne, the Percy Hedley School, a farm, Gibside Chapel, Chopwell Woods, the Derwent Reservoir, the Nature Trail at the Open Air School, the Northern Gas Board Christmas Display, where the children won a cake, and the John Marlay School, Newcastle, where the children played games of various kinds. Several visits were made to Red Cross Camps.

At school, a Harvest Festival, an Open Day, a Carol Service and a Sale of Work were held.

Parties were held for the children by the Women's Guild of Low Fell Congregational Church and some of the residents went to a party at the Fire Station. The residents had pantomime visits, trips to the seaside and Christmas shopping activities.

Help was received from a number of outside people and organisations. A number of donations from Gateshead Girls' Grammar School were sent towards the purchase of a donkey, and some of the older girls came to help with the residents at night. Christmas gifts were provided through the generosity of Reyrolles, the Thomas Wilson Club and the Gateshead Central Townswomen's Guild. Again the school is indebted to those people who make Scouting and Guiding activities possible for the residents".

**(h) Delicate Children**

Forty children fall into this category, of whom 39 attend the Day Open Air School and one attends ordinary school.

**JOICEY ROAD OPEN AIR SCHOOL (Report by Dr. Johnston)**

There was a slight increase in the number of children attending the school as compared with the previous year.

TABLE 20

		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
On register at beginning of year	..	51	31	82
On register at end of year	..	54	34	88
Admitted during year	..	23	17	40
Discharged during year	..	20	14	34

Amongst the 40 children admitted, 5 were children who had previously attended this school and had been discharged for various reasons.

*Admissions*

In the year under review 40 children were admitted for medical reasons classified as follows:—

Respiratory Tract Lesions	..	..	..	..	18
Delicate and debilitated	..	..	..	..	3
Cerebral defects	..	..	..	..	8
Extensive burns	..	..	..	..	1
Congenital heart disease	..	..	..	..	2
Partial deafness	..	..	..	..	2
Kidney disease	..	..	..	..	2
Cystic Hydroma	..	..	..	..	1
Mild eczema	..	..	..	..	2
Hodgkins Disease	..	..	..	..	1

### *Discharges*

The 34 children who left the school during the year were discharged for the following reasons:—

On reaching school leaving age	..	..	..	3
To attend normal school	..	..	..	23
To attend special class	..	..	..	1
To attend Stannington Hospital	..	..	..	1
Sent to Remand Home	..	..	..	1
To attend the Cedars	..	..	..	1
To attend Training Centre	..	..	..	1
To attend Hindley Hall	..	..	..	2
To another Authority	..	..	..	1

### *Staff*

Dr. J. Johnston replaced Dr. Barry in March, 1967, as medical officer to the school. Mrs. Beale replaced Mrs. Pickard as part-time physiotherapist. Miss Daglish, Health Visitor, continued to visit the school in connection with social problems.

### *School Routine*

In addition to academic activities, older children, who are considered fit to do so, attend Shipcote Baths for swimming instruction.

During the year parties of children have visited the Book Exhibition and Scottish Children's Theatre. An Open Day and a Sports Day was held. Older children of the school laid a Nature Trail within the grounds and parties of children from the Cedars, Chester Place and Kelvin Grove Schools were taken around.

Eleven parties of students visited the school for observation and to hear of the work of the school. A party of Norwegian Students from Newcastle Institute of Education visited to sing and dance for the children.

## **12. ARRANGEMENTS FOR THE PROVISION OF MEALS**

It is pleasing to note that the average number of mid-day meals provided was 7,662, as against 7,312 in 1966. The number of children receiving the daily ration of milk rose slightly from 12,252 to 12,577.

## **13. NURSERY SCHOOLS**

The provision of nursery education of children is made up of the following:—

TABLE 21

<i>School or Class</i>	<i>Places</i>		
Bensham Nursery School	..	..	40
Prior Street Nursery Class	..	..	30
Brighton Avenue Nursery Class	..	..	30

Regular medical visits were paid to the children in the nursery schools and on the whole the health of the children was satisfactory.



#### 14. DUKESHOUSE WOOD CAMP SCHOOL, HEXHAM

During the ten months of the year March to December, parties of Gateshead senior school children spend a period of two weeks at this school. A resident nurse deals with minor ailments, and 1,578 treatments were given during the year. In addition, 51 children were admitted to the sick bay. Four children attended the Casualty Department with minor injuries, and 19 children were seen by the general practitioner.

#### 15. DEATHS IN SCHOOL CHILDREN

There were 2 deaths in children of school age during the year. The causes of death were:—

TABLE 22

<i>Cause of Death</i>	<i>No. of Deaths</i>
Progressive muscular dystrophy . .	1
Acute circulatory failure due to traumatic rupture of leukaemic spleen	1

#### 16. HEALTH EDUCATION

The following is the report of Mr. Roe, Health Education Organiser:

“During 1967, it was most encouraging to note the number of schools devoting set periods to Health Education. At one time it was thought that if a subject did not have an ‘O’ or an ‘A’ level it could be omitted from a school syllabus.

Sound groundwork on planning, achieving and maintaining good health surely has a level of extreme importance — without good health how can one fully apply any academic achievement?

Medical and nursing staff, given the opportunity by a number of schools, have not only given talks on rules of health guidance and advice, but sown seeds of good habits, etc., into fertile minds, before bad habits and mixed ideas (to which many adults are victims), have become established.

The main emphasis of Health Education in schools has been based on *Teaching Health With Understanding*.

The instruction periods proved to be of value but it was in the discussion sessions where a tremendous amount of good understanding was achieved.

In some schools health instruction is given by teaching staff, drawing where necessary on the advice of health department personnel.

The Health Education Organiser has received many requests for visual aids, leaflets, etc., and special topical posters have been circulated to all schools.

In dealing with the instruction and discussions on Personal Health (Sex Education), every attempt was made to ensure that parents were

fully informed about the instruction being given to their children. Schools co-operated fully by inviting parents to previews of planned instruction and many parents have found that this is of great value.

Dental Hygiene instruction, using participation methods was very successful in Lobley Hill Junior School, where the Health Education Organiser was kindly granted permission to try out the technique.

The Health Education Section is grateful to the Director of Education and all staff for the co-operation received in this work. Both the Education Department and Dental Clinic have rendered considerable assistance in the work by the purchase of Health Education Films towards the development of a special Film Library”.

## 17. TREATMENT OF DENTAL DEFECTS

### Staff

The year 1967 again saw a great turnover of staff: Mrs. H. P. Wright, full-time Dental Officer, resigned on March 31st and Mr. W. Hodge, a part-time Dental Officer, on June 30th. However, our difficulties began to ease a little when we welcomed to the staff three Dental Officers, all married women, who work part-time; Mrs. A. Slack who began duty on July 24th, Mrs. L. Swift on August 22nd and Mrs. Montgomery on November 28th.

So, we had a full staff from January to March; we were very understaffed from April to August; from August to December the situation improved, but not to full strength. Mrs. D. Snowden, Dental Surgery Assistant, was appointed on January 24th, but was transferred to another department on October 2nd; Miss H. M. Dodds resigned on September 8th. These two vacancies were filled by the appointment of Miss Carol Daley on September 25th (resigned December 22nd), and Miss Potts on October 9th.

During the year, 27 schools were given a routine Dental Inspection. Again we must thank the visiting School Medical Officers, Health Visitors and Teachers for referring to us any children in the remaining schools who needed dental treatment.

8,163 children were inspected in the year under review. 76% of these required treatment. The percentage of these children accepting treatment at the School Clinics was 42.63% and those refusing treatment was 47.93%. The remaining 9.4% did not return the cards. The dental inspections at the schools revealed that 17.13% of the children receive treatment at regular intervals through the General Dental Practitioner Service.

The number of pupils x-rayed was 235 and the number of dentures inserted was 36.

Despite fluctuations in the Staff complement, the output of work of the Dental Department continued to increase. A table of figures is appended.

Our Health Education Organiser devoted part of his time, with the co-operation of the Health Visitors to a Dental Health Programme: talks and film shows emphasising the importance of oral hygiene and



correct diet, and at the Town Festival a display of extracted decayed teeth. In addition, the Dental Department distributed to all the Infant and Junior Schools throughout the Borough, sets of Animal posters illustrating Dental Hygiene.

During the year, with all age-groups in mind, we have begun to build up a film library and a collection of visual aids, ancillary to talks by Health Visitors, illustrating points to help children understand why dental care, regular and continued, from a very early age, is necessary if they want to keep their natural dentition beyond middle age.

In conclusion, an excellent dental service is provided for children. Three visiting consultant anaesthetists attend the Clinics for General Anaesthetic sessions, and we are pleased to announce the appointment, on November 7th, 1967, of a Consultant Orthodontist, Mr. D. T. Bennett, who will begin duty in March, 1968 — the first specialist in this field to be appointed by our Authority. In addition, the premises at the Greenesfield Clinic are being made more attractive and the old equipment is being gradually replaced. An up-to-date Mobile Dental Clinic has been ordered and should be delivered in March, 1968.

It is therefore somewhat discouraging that such a small proportion of the community avails itself of these amenities.

I wish to thank the staff of the Dental Department for their work during the year, and the Schools' Staff for their very kind help and co-operation.

TERESA M. ROSSI,  
*Principal School Medical Officer*

TABLE 23  
SCHOOL DENTAL SERVICE

	<i>Ages</i> 5-9	<i>Ages</i> 10-14	<i>Ages 15</i> <i>and over</i>	<i>Total</i>
First visit .. .. .	1,293	1,028	138	2,459
Subsequent visits .. .. .	3,034	3,147	444	6,625
Total visits.. .. .	4,327	4,175	582	9,084
Additional courses of treatment commenced .. .. .	58	38	6	102
Fillings in permanent teeth .. .. .	1,408	2,832	466	4,706
Fillings in deciduous teeth .. .. .	1,940	261	—	2,201
Permanent teeth filled .. .. .	1,183	2,487	417	4,087
Deciduous teeth filled .. .. .	1,786	241	—	2,027
Permanent teeth extracted .. .. .	85	471	87	643
Deciduous teeth extracted .. .. .	2,121	511	—	2,632
General anaesthetics .. .. .	764	371	36	1,171
Emergencies .. .. .	191	103	18	312
<hr/>				
Number of Pupils x-rayed .. .. .				235
Prophylaxis .. .. .				1,209
Teeth otherwise conserved .. .. .				189
Number of teeth root filled .. .. .				2
Inlays .. .. .				—
Crowns .. .. .				1
Courses of treatment completed .. .. .				1,776



TABLE 24

*Orthodontics*

Cases remaining from previous year	..	..	22
New cases commenced during year	..	..	56
Cases completed during year	..	..	19
Cases discontinued during year	..	..	9
No. of removable appliances fitted	..	..	113
No. of fixed appliances fitted	..	..	—
Pupils referred to Hospital Consultant	..	..	9

TABLE 25

<i>Prosthetics</i>	5-9 yrs.	10-14 yrs.	15 & over	Total
Pupils supplied with Full upper or Full lower denture (1st time)	—	—	—	—
Pupils supplied with other dentures (1st time)	5	17	7	29
Number of dentures supplied	5	23	8	36

TABLE 26

*Anaesthetics*

General anaesthetics administered by Dental Officers	..	..	..	..	Nil
--	----	----	----	----	-----

TABLE 27

*Inspections*

(a) First inspection at School—No. of pupils	..	..	..	..	..	7,421
(b) First inspection at clinic—No. of pupils	..	..	..	..	..	525
Number of (a) + (b) found to require treatment			..	..	..	6,193
Number of (a) + (b) offered treatment	..	..	..	..	..	6,150
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	445
Number of (c) found to require treatment	..	..	..	..	..	306

TABLE 28

*Sessions*

Sessions devoted to treatment	..	..	..	..	..	..	1,311
Sessions devoted to inspection	..	..	..	..	..	..	51
Sessions devoted to Dental Health Education	..	..	..	..	..	..	—

DEPARTMENT OF EDUCATION AND SCIENCE RETURNS

Part I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A. Periodic Medical Inspections

<i>Age Groups inspected (by year of birth)</i>			<i>No. of pupils inspected</i>	<i>Physical condition of pupil inspected</i>			
				<i>Satisfactory</i>		<i>Unsatisfactory</i>	
				<i>No.</i>	<i>Total % of Col. 2</i>	<i>No.</i>	<i>Total % of Col. 2</i>
1962	..	..	1,068	1,066		2	
1961	..	..	439	437		2	
1960	..	..	122	122		—	
1959	..	..	6	6		—	
1958	..	..	3	3		—	
1957	..	..	346	342		4	
1956	..	..	122	117		5	
1955	..	..	—	—		—	
1954	..	..	—	—		—	
1953	..	..	386	386		—	
1952 and earlier	..	..	219	219		—	
<i>Total</i>	..	..	2,711	2,698	99.52	13	.48

Pupils found to require treatment (excluding dental diseases and infestation with vermin).

<i>Age Groups inspected (by year of birth)</i>			<i>No. of pupils inspected</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total individual pupils req. treatment</i>
1963 and later	..	..	—	—	—	—
1962	..	..	1,068	30	282	290
1961	..	..	439	18	94	104
1960	..	..	122	7	24	28
1959	..	..	6	—	1	1
1958	..	..	3	—	1	1
1957	..	..	346	59	68	106
1956	..	..	122	25	31	45
1955	..	..	—	—	—	—
1954	..	..	—	—	—	—
1953	..	..	386	83	60	133
1952 and earlier	..	..	219	61	32	82
<i>Totals</i>	..	..	2,711	283	593	790

Table B. Other Inspections

Number of special inspections	..	..	..	3,302
Number of re-inspections	..	..	..	574

## Part II

### Defects found by Medical Inspection during the year

**Table A. Periodic Inspections**

<i>Defect Code No.</i>	<i>Defect or Disease</i>			<i>Periodic Inspections</i>							
				<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
				(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)			(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4. Skin	..	..	..	49	112	33	15	9	6	91	133
5. Eyes—											
<i>a.</i> Vision	..	..	..	56	2	172	14	55	13	283	29
<i>b.</i> Squint	..	..	..	70	8	9	—	5	—	84	8
<i>c.</i> Other..	..	..	..	9	9	—	—	—	5	9	14
6. Ears—											
<i>a.</i> Hearing	..	..	..	32	12	12	—	14	—	58	12
<i>b.</i> Otitis Media	..	..	..	16	33	2	1	2	1	20	35
<i>c.</i> Other..	..	..	..	6	30	2	6	11	1	19	37
7. Nose and Throat	..	..	..	47	214	10	50	10	36	67	300
8. Speech	..	..	..	23	32	2	2	—	1	25	35
9. Lymphatic Glands	..	..	..	2	105	—	1	—	7	2	113
10. Heart	..	..	..	5	16	3	8	—	7	8	31
11. Lungs	..	..	..	38	74	4	1	1	5	43	80
12. Developmental—											
<i>a.</i> Hernia	..	..	..	5	5	1	—	—	—	6	5
<i>b.</i> Other..	..	..	..	3	45	14	19	3	24	20	88
13. Orthopaedic—											
<i>a.</i> Posture	..	..	..	—	21	—	10	4	12	4	43
<i>b.</i> Feet	..	..	..	74	81	10	11	2	6	86	98
<i>c.</i> Other..	..	..	..	13	38	2	1	—	18	15	57
14. Nervous system—											
<i>a.</i> Epilepsy	..	..	..	2	2	2	—	—	—	4	2
<i>b.</i> Other	..	..	..	3	11	5	—	—	2	8	13
15. Psychological—											
<i>a.</i> Development	..	..	..	20	104	11	5	10	4	41	113
<i>b.</i> Stability	..	..	..	10	28	2	2	1	9	13	39
16. Abdomen	..	..	..	10	9	3	4	—	1	13	14
17. Other	..	..	..	14	13	15	34	4	19	33	66



Table B. Special Inspections

Defect Code No.	Defects or Disease						Special Inspections	
							Pupils requiring treatment	Pupils requiring observation
(1)	(2)						(3)	(4)
4. Skin	..	..	..	..	..	..	11	2
5. Eyes—								
a. Vision	..	..	..	..	..	..	61	30
b. Squint	..	..	..	..	..	..	5	1
c. Other	..	..	..	..	..	..	6	1
6. Ears—								
a. Hearing	..	..	..	..	..	..	20	1
b. Otitis Media	..	..	..	..	..	..	1	1
c. Other	..	..	..	..	..	..	4	2
7. Nose and throat							14	40
8. Speech	..	..	..	..	..	..	24	9
9. Lymphatic Glands	..	..	..	..	..	..	1	8
10. Heart	..	..	..	..	..	..	1	7
11. Lungs	..	..	..	..	..	..	10	3
12. Developmental—								
a. Hernia	..	..	..	..	..	..	1	—
b. Other	..	..	..	..	..	..	3	5
13. Orthopaedic—								
a. Posture	..	..	..	..	..	..	1	—
b. Feet	..	..	..	..	..	..	4	4
c. Other	..	..	..	..	..	..	3	2
14. Nervous system—								
a. Epilepsy	..	..	..	..	..	..	1	—
b. Other	..	..	..	..	..	..	1	1
15. Psychological—								
a. Development	..	..	..	..	..	..	14	10
b. Stability	..	..	..	..	..	..	1	1
16. Abdomen	..	..	..	..	..	..	—	1
17. Other	..	..	..	..	..	..	7	4

Part III

Treatment of Pupils attending Maintained Primary and  
Secondary Schools (including Nursery and Special Schools)

Table A. Eye Diseases, Defective Vision and Squint

Number of cases known to have been dealt with					
External and other, excluding errors of refraction and squint	..	..	..	..	23
Errors of refraction (including squint)	..	..	..	..	793
Total	..	..	..	..	816
No. of pupils for whom spectacles were prescribed	..	..	..	..	662

### Table B. Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>							
Received operative treatment—								
(a) for diseases of the ear	..	..	..	..	..	..	..	13
(b) for adenoids and chronic tonsillitis	..	..	..	..	..	..	..	102
(c) for other nose and throat conditions	..	..	..	..	..	..	..	7
Received other forms of treatment	..	..	..	..	..	..	..	93
								<hr/>
								<i>Total</i>
								215
								<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids:—								
(a) In 1967	..	..	..	..	..	..	..	3
(b) In previous years	..	..	..	..	..	..	..	23

### Table C. Orthopaedic and Postural Defects

				<i>Number of cases known to have been treated</i>
(a)	Pupils treated at clinics or out-patients departments	..	..	392
(b)	Pupils treated at school for postural defects	..	..	34
	<i>Total</i>	..	..	<u>426</u>

### Table D. Diseases of the Skin

					Number of cases known to have been treated				
Ringworm—	(a)	Scalp	..	..	..	..	..	..	—
	(b)	Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	..	..	140
Impetigo	..	..	..	..	..	..	..	..	43
Other skin diseases	..	..	..	..	..	..	..	..	344
					<i>Total</i>	..	..	..	527

### Table E. Child Guidance Treatment

					<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics .. .. .	..	..	..	..	22

### Table F. Speech Therapy

						<i>Number of cases known to have been treated</i>
Pupils treated by speech therapist ..	..	..	..	..	..	82

**Table G. Other Treatment Given**

								<i>Number of cases known to have been treated</i>
(a)	Pupils with minor ailments	..	..	..	..	..	..	912
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	55
(c)	Pupils who received B.C.G. vaccination	..	..	..	..	..	..	912
(d)	Other than (a), (b) and (c) above:—							
	Laparotomy	..	..	..	..	..	..	1
	Enuresis	..	..	..	..	..	..	14
	Rheumatic Fever	..	..	..	..	..	..	2
	Scalds and Burns	..	..	..	..	..	..	9
	Skin grafts	..	..	..	..	..	..	3
	Appendicectomy	..	..	..	..	..	..	36
	Hernia	..	..	..	..	..	..	18
	Head injuries	..	..	..	..	..	..	25
	Circumcision	..	..	..	..	..	..	5
	Removal of naevus	..	..	..	..	..	..	1
	Diabetes Mellitus	..	..	..	..	..	..	1
	Urinary infection	..	..	..	..	..	..	4
	Fibrocystic disease	..	..	..	..	..	..	1
	Purpura	..	..	..	..	..	..	2
	Asthma	..	..	..	..	..	..	6
	Underweight	..	..	..	..	..	..	1
	Overweight	..	..	..	..	..	..	4
	Whooping cough	..	..	..	..	..	..	1
	Tubercle	..	..	..	..	..	..	11
	Removal of cyst	..	..	..	..	..	..	2
	Choledyl poisoning	..	..	..	..	..	..	1
	Hepatitis	..	..	..	..	..	..	5
	Renal biopsy	..	..	..	..	..	..	2
	Rheumatism	..	..	..	..	..	..	1
	Bronchitis	..	..	..	..	..	..	7
	Dyschezia	..	..	..	..	..	..	2
	Teeth extractions	..	..	..	..	..	..	1
	Orchidopexy	..	..	..	..	..	..	2
	Nephritis	..	..	..	..	..	..	1







